Project to Improve Independent Medical Examinations
For the State of Washington
Department of Labor and Industries

Chapter 2

Problem Statement

Downloadable Version, Part 2 of 6

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Appendices appear in a separate accompanying volume

Stakeholder Interviews

Introduction

The IME Improvement Project was initiated with a series of stakeholder interviews. These interviews were structured in order to determine perceptions about the system and to identify processes and their associated value- and quality-related issues. The interview results were used to develop stakeholder expectations about the performance of the IME system. The interview results were an integral part of defining and understanding the major issues confronting the system and gaining insight into responses to potential improvements. In addition, they helped to focus our measurement of actual system performance against expectations.

Methodology

The interview process began with the development of a list of stakeholders in cooperation with L&I staff. The major stakeholders identified included:

- Workers
  - Organized labor
  - Injured workers
- Employers
  - Retro pools
  - Self-insureds
- Attending physicians
- IME physicians
- IME brokers
- L&I Office of the Medical Director
- L&I Health Services Analysis
- L&I Claims
- L&I Office of Self Insurance
- Attorneys general
- Board of Industrial Insurance Appeals
- Administrative judges

A stakeholder interview guide that covered major topic areas was developed and is included as Appendix 1 in a separate accompanying document. Specific individuals

within each of the stakeholder groups were identified with the assistance of L&I staff and stakeholder input. Interviews were conducted during May, 2001.

The survey instrument was developed with the understanding that it would serve as a guide for what we expected would be wide-ranging discussions. The three major sections of the guide included an opening set of general questions addressing the interviewee's perception of the purpose of IMEs and their definition of quality. The first set of questions continued with requests to identify quality-related problems associated with the current process and product, how to improve the quality of the product and the barriers to achieving the improvements.

The second set of questions asked specifically about the general uses of medical information in the claims adjudication process. The third set of questions included prompts in areas we identified to be of significant interest to L&I. We included questions on respect for the patient in the process as currently implemented, perceptions regarding mechanics of the process, responsiveness and quality of the IME reports, and attributes of the process unique to Washington.

Major Findings

The interviewees defined a "high-quality IME" as one having the following attributes and outcomes:

- Perceived by primary stakeholders as humane, thorough, expert, reasonable, and objective
- An adequate, accurate, and appropriate patient assessment
- A logical opinion derived from a patient assessment and sound medical reasoning
- Meets expectations for format and content
- Is effective, e.g.
    - Clarifies situation and perceptions
    - Answers questions

- Provides impartial statement of worker's condition and future needs
- Both opinion and examiner are credible in court

In general, stakeholder participants reported two major types of issues, those that are process-related and those that are content related.

IME Process-related Perceptions

Use and Appropriateness of IMEs

On the issue of whether an IME may be required, most participants felt that:

- The information requested is generally already available in the file
- Attending physicians and independent medical examiners are often asked for data that is duplicative
- Examiners find the answers in the medical records sent for the examination
- A desk review by Occupational Nurse Consultants, Assistant Medical Directors or an Attending Physician's (AP) consultant could answer questions now sent for IME, although this may require training in medical analysis, particularly soft-tissue problems.

In terms of the preference that some stakeholders have towards APs as an information source, those who favor this source include labor, APs, and Board of Industrial Insurance Appeals Judges. In addition to the presumption towards the APs opinion, it is felt that APs know and consider whole patient. This was felt to outweigh the physician's reluctance to rate his own patients and the fact that many physicians lack occupational medicine training. Employers and claims organizations see the situation as one in which many APs do not provide needed or impartial information in a timely manner. In addition, APs view the typical reimbursement as being inadequate for time spent on

coordination and reports. They prefer e-mail as a means of communication, although that is typically not available at L&I.

The interviewees perceive that more use of an APs consultants could substitute for IMEs in those situations where the AP is unfamiliar with the condition or there is a reluctance to perform an impairment rating. In general the view is that the current IME process through brokers is easier than this alternate approach. Several interviewees observed that an AP with a specialty in Occupational Medicine can pro-actively obtain/supply all the needed information. For this to be effective, system reforms would need to include appropriate incentives. It was noted that this approach worked very effectively in the Department's recent Managed Care pilot.

To the issue of why IMEs are performed, most felt that they are obtained to close a case (perceived as 80% of exams), including the determination of fixed and stable status, functional capacity, and impairment ratings. In addition, it was observed that IMEs are ordered to accelerate progress in a case, especially when it is not clear why the injured worker is not back at work or why continued treatment is being provided. To a lesser extent, it is perceived that IMEs are ordered to validate an AP's or a worker's assertions with respect to a variety of factors, including causality, a proposed treatment plan, or the ability to work.

The reported perceived appropriate uses of IMEs are to:

- Evaluate re-openings, closures
- Assess the appropriateness of case closure
- Evaluate additional conditions
- Suggest a course of action, although this should not be a substitute for training, knowledge, or experience
- Support judicial proceedings, including meeting rules regarding the preponderance of evidence, although this is tempered by the AP being perceived

as more credible, and the dependence on the independent examiner's skill as a witness.

Respondents felt that repeated IMEs are common. They felt that the reasons for repeat IMEs were to:

- Remedy "poor quality" exams
- Get a "preponderance of evidence", although judicial stakeholders noted that one "good" witness outweighed many weak ones
- Replace a prior exam not used before its six month expiration under current policy.

However, our review of reports did not support the belief that repeated IMEs are common.

The Structure of the IME Report

Respondents cited issues on the questions asked by claims examiners. It was observed that questions tend not to be specific enough. The questions are general. They are viewed as unfocused. Lastly, while the questions may be appropriate in isolation, they are often used in groups, expanding the range of possible responses by the examiner, thus making the response less focused.

Examiner Qualifications

In general, respondents observed that training is not required, nor is any testing. Qualifications tend to be similar to those required for licensure. That is, there are few qualifications except state licensure, and no moral turpitude, felony convictions, or impairment in the ability to perform the examinations and write reports. Respondents felt it was easy to become an approved examiner. Perceptions included that it is a seller's market. Virtually any willing provider can be included. The general perception of the interview participants was that the qualifications are weak.

Logistics and Coordination of Scheduling

Observations around logistics and coordination of exams included perceptions that there was a general lack of notification of the attending physician. The lack of awareness by the AP had an impact on coordination of the exam with ongoing treatment plans.

In addition, claimants were often scheduled without agreement, which contributes to a relatively high no-show rate and perceived worker dissatisfaction.

The information transfer process was viewed as duplicative, disorganized, and incomplete. The information transfer via microfiche was seen as creating extra steps and cost.

Examiner Supply and Selection

Perceptions of examiner supply focused on availability, qualifications, retired examiners and a perceived supply/demand mismatch. Constraining examiner availability is the perception that IME work is not desirable to many practicing physicians. The "assembly line scheduling" increases income-efficiency but reduces physician perception of the value of the work. Compounding these views are perceptions that reimbursement is inadequate, that L&I is viewed as bureaucratic, and that the process is seen as irrational. This leads to a general reduction in satisfaction.

Most interviewees, other than physicians, mentioned the issue of retired examiners. The opinion varied by the source, with brokers feeling that examiners retired from active practice had both a better "bedside manner" and were less rushed, having more professional energy for exams. IME physicians feel that skills remain current for several years after retirement. Board of Industrial Insurance Appeals judges questioned the credibility of examiners in retired status. The supply/demand mismatch varies with geography, specialty and service required (e.g., credibility, medical accuracy, writing skills, bedside manner, rating know-how).

The use of multi-examiner exams was viewed as unnecessary. In the area of bias, it is felt that those physicians with a bias are well known since patterns are observed.

Use of IME Brokers

The use of IME Brokers was an area in which virtually all interviewees had opinions. The major opinion was that they are believed to perform valuable services, including:

- Recruiting, assessing, managing, scheduling, and paying examiners
- Organizing and obtaining materials
- Orchestrating appointment logistics, accelerating the overall exam and subsequent reporting process
- Improving report quality, although this may lead to altering the content of the report

This view was not universally held. Some interviewees, including some physicians and some claims personnel, perceived IME brokers negatively. They felt they added little value.

Interviewees believed that brokers were performing functions L&I would otherwise have to perform. Brokers are reported to consume over half of the fee, which has the effect of creating a vested interest in the business for the broker, but reducing the effective compensation to the physician performing the exam.

Use of Panel Exams

The interviewees believe there is a reliance on panel exams (multiple examiners), as a way to achieve preponderance of evidence, (e.g., 3-person panel vs. 1 AP) and that brokers and examiners prefer panels because they maximize revenue. The judicial interviewees indicated that this tactic generally carried little weight in their decisions.

Citation of objective medical evidence and a clear, logical summary of how their conclusions were reached carried far more weight.

IME Content-related Perceptions

A subset of the broader group of stakeholders was able to respond to the issue of IME report content.

Questions Posed and Responses

Perceptions regarding the questions asked in the request letter included that the questions were often seen as irrelevant, too late in the claims process to have any substantive impact, and too vague.

The responses in the IME reports were sometimes viewed as non-responsive. There was a concern that IME physicians may provide opinions on questions that were not asked. In addition, reports were perceived as "boilerplate" by having an unvarying format, and having physical exam results that did not reflect a focus on the affected body parts or systems.

Completeness

Perceptions about completeness and thoroughness include that some answers were felt to be incomplete, time spent with the patient was often perceived as inadequate, especially by assisting examiners in panels, and the basis for an opinion was often seen as weak due to the inadequacy of record review or excessive reliance on a single item in a chart.

Logic

Perceptions about report logic include that it is sometimes questionable, although this may be attributable in part to a difference between opinion and evidence-based logic.

Other Content Perceptions

It was perceived that the language level was often stilted or too high and that a clear and succinct statement of findings was often missing from the report.

The stakeholders did not offer opinions regarding the accuracy of ratings.

Opinions of the bias inherent in IMEs included that if a patterned response for a given examiner was seen, he or she was viewed as biased. In general organized labor's view of IMEs is that they are defense exams. Workers who have bad experiences with the system find that the IMEs are not credible.

Quality Management and Improvement

Interviewee observations about the systems of quality control and improvement are that:

- the current systems include quality assurance at the broker/panel level, ensuring correct grammar, spelling, and format,
- L&I maintains the complaint assessment process and response mechanism,
- Brokers conduct exit surveys, but these tend to focus on logistics, and
- There is no mechanism for quality control nor is there a measurement system to serve as the basis for ongoing quality improvement efforts, including scorecards and feedback mechanisms.

Summary Expectations to Test in Subsequent Survey and Audit Processes

The stakeholder interviews resulted in the formulation of six major expectations to test in the subsequent survey and audit process:

1. The IME accurately and completely answers the questions asked by the claim manager,
2. A reliable and consistent process exists for administering and obtaining high quality IMEs,
3. The injured worker is treated with dignity and respect,
4. The attending physician finds IMEs useful and accurate and performed by credible examiners,
5. The IME was consistent with L&I rules, guidance and regulations, and
6. IMEs are performed by a qualified, competent and credible pool of examiners.

These expectations were tested as follows:

Expectation #1: The IME accurately and completely answers the questions asked by the claim manager

Methodology: Report audit with attention to:

- Internal consistency
- Causality logic
    - Newly contended conditions
    - Medical indications for re-opening
    - Complications
    - Work relatedness
    - Apportionment
- Treatment plan consistent with evidence
    - Retrospective, review treatment plan
    - Prospective, review recommendations for treatment
- Ability assessment

    - Fixed and stable
    - General abilities
    - Work abilities
    - Work abilities vs. job requirements
    - Impairment ratings
- Satisfaction of informational needs
- Diagnostic logic
- Clear explanation of the logic for ratings, analysis, recommendations and opinions

Expectation #2: A streamlined, reliable and consistent process exists for administering and obtaining high quality IMEs

Methodology: Process review, data analyses and interviews, including:

- Timeliness
- Technical accuracy
- Logic
- Service delivery
- Cost/reimbursement
- Identification and selection of quality examiners
- Evaluation of Q/A, Q/C and Q/I process
- Scheduling
- Quality management

Expectation #3: The injured worker is treated with dignity and respect

Methodology: survey of injured workers with review of:

- Scheduling
- Exam process
- Manner – respect, no unnecessary pain

Expectation #4: The attending physician finds IMEs useful and accurate and performed by credible examiners

Methodology: survey of attending physicians

- Necessary
- Useful
- Accurate
- Credible

Expectation #5: The IME was consistent with L&I rules, guidance and regulations
Methodology: Report audit, process and legal/regulatory review

Expectation #6: IMEs are performed by qualified, competent and credible pool of examiners
Methodology: Report audit, interviews, legal review, and process review

- Credentialing,
- Privileging,
- Training,
- Reimbursement,
- Supply of examiners,
- Status of provider
- Quality of reports